Name of Facility:	Provider Number	SOD Date

Standard 2: Survey Findings are Supportable

Emphasis: The SA explains and properly documents all deficiencies on the HCFA Form 2567, Statement of Deficiencies (SOD)

- a) Threshold Criterion: No less than eighty-five percent (85%) of deficiencies cited on SODs reviewed meet the principles of documentation (POD) for deficiency citation.
- b) Method of Evaluation: Review of at least ten percent (10%) or a maximum of forty (40) HCFA Form 2567s, of which 75% must be recertification surveys and 25% must be complaint surveys, following the "Standard Review Protocol".

Note: For those states that have less than fifty nursing homes, the 10% guidance would not allow for adequate review. Therefore, a minimum of five SODs would be reviewed for each of these states during the fiscal year.

c) Authorities: Law 1819 (g)(2), Law 1919(g)(2), 42 CFR 483.318(1)(iv), SOM 7801(C)(1).

Completion of the data sheet: For each tag, review the criterion and mark a "Y" for each yes answer and an "N" for each no answer. The database will automatically score:

- 1 Point for each yes answer
- 0 Point for each no answer

Review guidance: Reviewers should base their score on the written documentation of the SOD without assuming additional information. Reviewer must explain all "no" ratings.

	Name of Facility:		Provider Number		Number	SOD Date			
	Name of reviewer:			Date:				Census:	Sample size:
			Tag 1	Tag 2	Tag 3	Tag 4			
	Criteria	Score					Cumulative	C	omments
1	Evidence supports determination of non-compliance at the cited regulation.	Y/N							
2	Evidence demonstrates current noncompliance or past noncompliance at F698.	Y/N							
3	Includes regulatory reference.	Y/N							
4	The Deficient Practice Statement clearly states a specific deficient practice.	Y/N							
5	The severity rating accurately reflects the findings.	Y/N							
6	The scope rating accurately reflects the findings.	Y/N							
7	The sources and identifiers in the Deficient Practice Statement match the sources and identifiers in the findings.	Y/N							
0	VERALL PERCENT SCORE								

Name of Facility:	Provider Number	SOD Date
omments:	 <u> </u>	<u> </u>